

Case Number:	CM15-0015359		
Date Assigned:	02/03/2015	Date of Injury:	07/19/2008
Decision Date:	07/16/2015	UR Denial Date:	01/19/2015
Priority:	Standard	Application Received:	01/27/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: Arizona, California
 Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female who sustained an industrial injury on 07/19/2008. The injured worker was diagnosed with chronic back and neck pain. The injured worker is status post L5-S1 right hemilaminectomy and discectomy in 2010, L5-S1 anterior lumbar interbody fusion with instrumentation in January 2014 and C6-7 anterior cervical discectomy and fusion in 2010. Treatment to date has included diagnostic testing, surgery, physical therapy, swimming exercises and medications. According to the primary treating physician's progress report on December 23, 2014, the injured worker continues to experience low back pain, spasm and right leg symptoms. The injured worker also reports left sided neck pain and spasm. Examination demonstrated limitations in the right hip with difficulty weight-bearing on the right leg. The right extensor hallucis longus muscle, tibialis anterior, gastrocnemius and quadriceps were noted to be weak with bilateral calf spasms. The injured worker uses a walker and back support brace. Current medications are listed as Norco, Lyrica, Valium, Tizanidine, Voltaren, Wellbutrin, Zofran and Omeprazole. Treatment plan consists of driving adaptations and the current request for a transcutaneous electrical nerve stimulation (TEN's) unit for low back pain.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

TENs unit for low back pain, as an outpatient (unknown for rental or purchase): Upheld

Claims Administrator guideline: The Claims Administrator did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines, Pain (chronic) and on the ACOEM Guidelines Chronic pain; Table 2, Summary of recommendations, Chronic Pain Disorders.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines TENS Page(s): 113-115.

Decision rationale: According to the MTUS guidelines, a TENS unit is not recommended as a primary treatment modality, but a one-month home-based TENS trial may be considered as a noninvasive conservative option. It is recommended for the following diagnoses: CRPS, multiple sclerosis, spasticity due to spinal cord injury and neuropathic pain due to diabetes or herpes. In this case, the claimant did not have the above diagnoses. The length of use was not specified. The request for a TENS unit is not medically necessary.